## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

DX0670 KBIB

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
T-7	OTAL CLAIMS		(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY	
TOTAL CLATIVIS			20		<u>`</u>			RATE	FEE	]	RATE	FEE
F	DR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	20 minus 20=		* 0			X\$ 9=		OR	X\$18=	_
IN	DEPENDENT C	CLAIMS	3 m	inus 3 =	* <	O		X43=		OR	X86=	_
MULTIPLE DEPENDENT CLAIM PRESEN				ENT				+145=		OR	+290=	✓.
* If the difference in column 1 is less than zero.					"0" in (	column 2	ı	TOTAL		OR	TOTAL	970
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN
_	<b>,</b>	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus *** ATION OF MULTIPLE DEPENDEN		<u> </u>	=		X43=		OR	X86=	
<u> </u>	FIRST PRESE	ENTATION OF MU	JUIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
						,	L	TOTAL			TOTAL	
		Α	DDIT. FEE	<del></del>	10	ADDIT. FÉÉ						
3	·	(Column 1) CLAIMS REMAINING		(Colum	ST	(Column 3)	ΙГ		ADDI-	1 [	. 1	ADDI-
AMENDMENT B		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ree
	Independent	*	Minus	www.		=		X43=	•		X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7,002	
								+145=		OR	+290=	
		AI	TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE						
		(Column 1)		(Colum		(Column 3)				•		·
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	T	X43=		<u>.</u>	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	//00-	
* 16	the other in colum	Ŀ	+145= TOTAL		OR L	+290=						
**	* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
. T	he "Highest Num	mber Previously Paid ber Previously Paid	ia For IN THIS For" (Total or	SPACE is Independen	ess than t) is the l	i 3, enter "3." highest number		DIT. FEE L	opriate box			